FOR

STATE OF MARYLAND CEDTIEIC ATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 8	EGISTRAR				CEKTIF	ICAIE OF DEATE	П		REG. NO	Э.				
	CEASED NAME	FIRST		MIDDLE		LÄST	12	20 DATE O	FDEATH		DAY	YE AR	26 HO	UR .
(TYPE	OR PRINT)	Thomas		Edward		oulden					31-		4:	- 101
3 5E			4 RACE		5 DATE (YEARS LAST BIR	(HDAY)	MONTHS	ER TYEAR	IF UNDE HOURS	R 24 HRS.
	Male		white		Jan.	1, 1909		77		YRS				
	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIE	9	BALTIMO	ORE CITY O	R COUN	TY OF DE	HTA		
Ma	ryland		USA		WIDOWE	ED DIVORCE	D 🗆		ent					MD.
	nestertow		LIE NICH INTELLE	HEACHITY CHEST	DEET ADDRESS!	e's Hospit			OCCUPATI RK FOR MOST O Body	FWORKING	LIFE) IN	KIND O DUSTRY rep		
13a S	AL RESIDENCE (# N STATE laryland	13b COUN Ker	OTHER INSTITUTION	Cheste		13d INSIDE CITY LIM			ADDRESS / Front	ZIP CO	DE	2162	20	
14 FA	THER'S NAME Will	iam Bou	îÎden	LAST		15 MOTHER'S MAID		Boots				LAS		
- 17	VAS DECEASED EV			166 SOCIAL S 217 07	7900	Maude E	. Bou	ılden	Che	ss 20 ster		ont , Mo		1620
	18 CAUSE OF DE PART I. DE ATH	H WAS CAUSE	ily one couse per D BY: TE CAUSE (a)	line far (o), (b)	-	iogenic	sh	ock				BETWEEN C	MATE INTE	
7	Conditions, if a gove rise to cause (a), str underlying ca	immediate oting the	(b)_	R AS A CONSE R AS A CONSE	CVD :							40	as	
NOI	PART 2 OTHERS		CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEAS	SE OR CON	DITION G	IVEN IN	PART 110	a	
CERTIFICATION	19a DATE OF OPE	RATION	196 COND	TION FOR WH	ICH OPERATIO	N WAS PERFORMED		20a AUT	OPSY?	IN CERT		E FINDIN CAUSES		TH?
MEDICAL CE	21a ACCIDENT WAS OR CONTRIBUTING [LIFETHER NOTIFY A 21d INJURY OCC	CAUSE OF DE	HOUR A.	M. MONTH M.	DAY YEAR	211 LOCATION	OCCURRE	D (ENTERN.	ATURE OF INJUI	RY IN ITEM I	B PART I OF	PART 2)		
ME	WHILE NO			PEET, FACTORY, OFF	ICE FARM ETC)	STREET			CITY OR TO	WN F	CC	YINUC		STATE
				Stee	9 16,0	nd that in (my) (aur) o	75 opinian de	ta ta	ed on the do	ote and h		from the		tated
	22b. SIGNATURE	Bu		Run				MEDICAL DIRECTOR	STAP		2	12	3.1	de.
	22d. PHYSICIAN'S	10 -	PALL MAK		1	120 ADDRESS		Bldg.	1000	ster	tace	1/1	18	1620
	BURIAL CREMATIC ISPECIPBURIAL		Jan 2,	1987	Chester		7		terto					STATE
24 F	UNERAL DIRECTOR	liste	ells	ADDRE	Willis stertow		JAN	66 1	registrar 987	Aulia.	STRAR'S	/	URE	2

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL O

TO FUNERAL DIRECTOR, After the should be detected for use as the with the State Dept of Health and (MPORTANT, If them 21 is marked

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed retained by the haspital or attending physician.

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FOR STATE

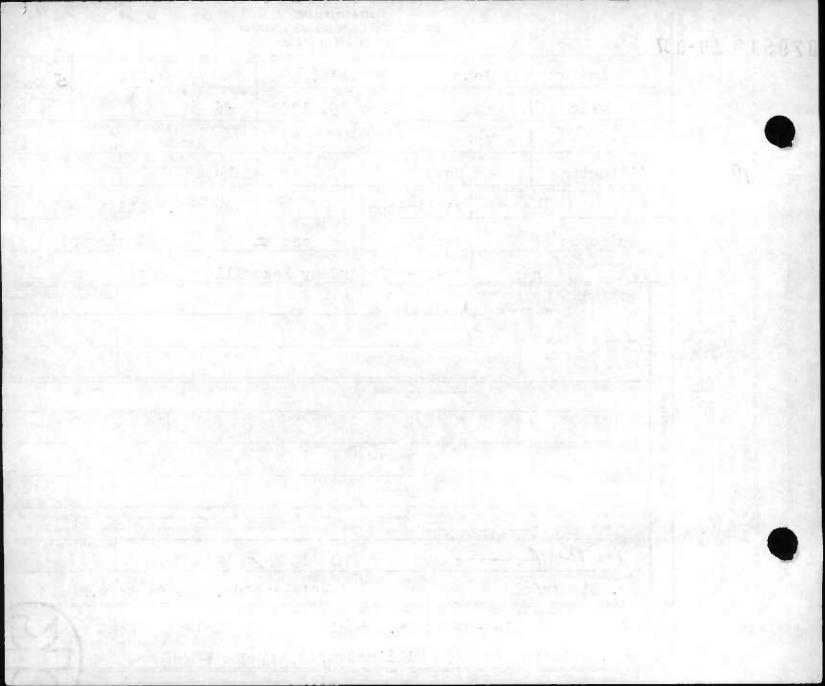
STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	

6

-					REG. NO.	
		EASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
-	[TYPE C	Andrew	John	Bozzelli	Dec.	31,1986 6:000
3.	SEX	Male	Cauc	5. DATE OF BIRTH May 25', 1930	6 AGE (IN YEARS LAST BIRTHDAY) 56	MONTHS DAYS HOURS M
5	a BIR	THPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRUSA	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY <u>OR</u> COU Kent	NTY OF DEATH
0		y OR TOWN OF DEATH illington	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION HYPE OF WORK FOR MOST OF WORKIN	NG LIFE) 126. KIND OF BUSINESS (
3	30. ST	L RESIDENCE (14 NURSING HOME OF TATE 13b. COU		WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	21651
0	4. FAT	HER'S NAME Guiseppe	Bozzell.	15. MOTHER'S MAIDEN NA L ROSE 3	AN IDIDLE	iGuiseppe
/ 16		AS DECEASED EVER IN U.S. AI	IVE WAR OR DATES)		zelli (Sam	e)
1.70		Conditions, if ony, which	(b) Caccio	61076		
)		gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC (c)CONDITIONS CONTRIBUTING TO	OUENCE OF		
9		gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE	OUENCE OF O DEATH BUT NOT RELATED TO THE TERA CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
	CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	20a AUTOPSY? 20b. IF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YESNO
	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DELIFIER, NOTIFY MEDICAL EXAMINE AT WORK. NOT WHILE AUGUST OF DELIFIER OF THE AUGUST OF DELIFIER OF THE AUGUST OF THE AUGU	DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO THE CONTRIBUTION OF THE CO	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 216, HOW INJURY OCCUP 19 211, LOCATION STREET	20d AUTOPSY? 20b. IF IN CE YES NO CENTER NATURE OF INJURY IN ITEM CITY OR TOWN	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE , 19 , that (I) (we)
	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DELIFIER, NOTIFY MEDICAL EXAMINE AT WORK. NOT WHILE AUGUST OF DELIFIER OF THE AUGUST OF DELIFIER OF THE AUGUST OF THE AUGU	DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE ATH HOUR A.M. MONTH P.M. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) Ditably ottended the deceased from	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET , and that in (my) (our) opinion DEGREE MY ATTENDING	20d AUTOPSY? 20b. IF IN CE YES NO CENTER NATURE OF INJURY IN ITEM CITY OR TOWN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO CAUSES OF DEATH? A 18 PART LOR PART ?) COUNTY STATE 19 , that (1) (we) hour and Iram the causes stated
	MEDICAL CERTIFICATION	gove rise to immediate couse (o1), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE CITÉ ÉTHER, NOTIFY MEDICAL EXAMINE AL WORK AL WORK AL WORK SO TO COURED WHILE AL WORK AL WORK STATING SOW the deceased alive of obove, (l) (we) (did) (did not only see the deceased alive of obove, (l) (did) (did not only see the deceased alive of obove, (l)	DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE ATH PATH P.M. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREEL, FACTORY, OFFICE ontion) ottended the deceosed from 19 OR PRINTI	DUENCE OF O DEATH BUT NOT RELATED TO THE TER/ CH OPERATION WAS PERFORMED DAY YEAR 19 21I. LOCATION 51REET , and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	20d AUTOPSY? 20b. IF IN CE YES NO CENTER NATURE OF INJURY IN ITEM CITY OR TOWN death occurred on the date and	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19, that (I) (we) 122c. DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



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The Lineral director page 3 declinin 72 hours after death

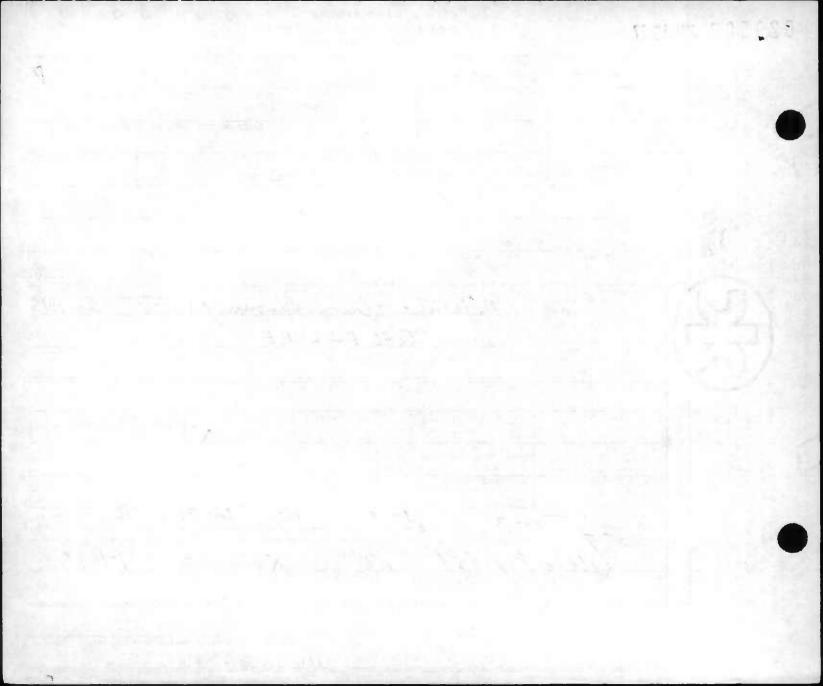
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		DEI A	CERTIF	ICATE OF DEATH	REG	NO.		
	CEASED NAME FIRST	1	MIOOFE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
(111)	James	Ta	ylor	Buc	kley		12- 31	- 86	10:35 M
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	white		Aug.	20, 1902 YEAR	84	YRS	MONIHS DATS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8.	V -	9. BALTIMORE CIT		OF DEATH	
	enna	USA		WIDOWE	DIVORCED D	. IZ a m t			MD.
-	nty or town of Death hestertown				Hospital Inc	12a USUAL OCCUP (TYPE OF WORK FOR MO Lawyer &	T OF WORKING LIFE	E) INDUSTRY	orter
13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 COL		GIVE RESIDENCE BE 131. CHTY OR T Cheste	OWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRES		21620)
M.F	ATHER'S NAME	WIDOLE	LAST		15 MOTHER'S MAIDEN N	AME		LAS	
1	Harry K,	Buckley			Elizabet	h	Not	Known	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADI	RERFD B	road Ne	ck
	no	SIVE WAR OR DATES)	159 03	1649	Kathryn Bar	ry Buckley	Chest	ertown,	Md.21620
TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, O		OUENCE OF	FAILUR	minal disease or co			
CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WH	ICH OPERATIO	n was performed	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES S	
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A.	M. MONTH M.	DAY YEAR	21t HOW INJURY OCCU	RRED (ENTER NATURE OF	JURY IN ITEM 18 P.	ART I OR PART 2)	
ME	WHILE NOT WHILE AT WORK		EET FACTORY OFF	ICE, FARM ETC)	STREET	CITY OF	IOWN	COUNTY	STATE
	220. I certify that (I) who has saw the deceased alive a above. (I) (mrs) which idid in 22b. SIGNATURE 22d PHYSICIANS NAME (IVPE Harry Pau	on 12-3) not view the body gring,	1	9 <u>86</u> , an	22e ADDRESS		TAFF SICIAN []	r and fram the	
23a. l	BURIAL CREMATION REMOVA		2	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		· Outline	67476
	(SPECIE)	Jan 2	, 1987	Silverb	rook Cremato	ry Wilmin	gton,	Del.	STATE
24 F	UNERAL DIRECTOR	. 00	J.	Willis	WCTTO	ATE REC'D. BY REGISTR	AR 256 REGIST	RAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic an should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked as them 18 shows any injury, or other traumatic event, the



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

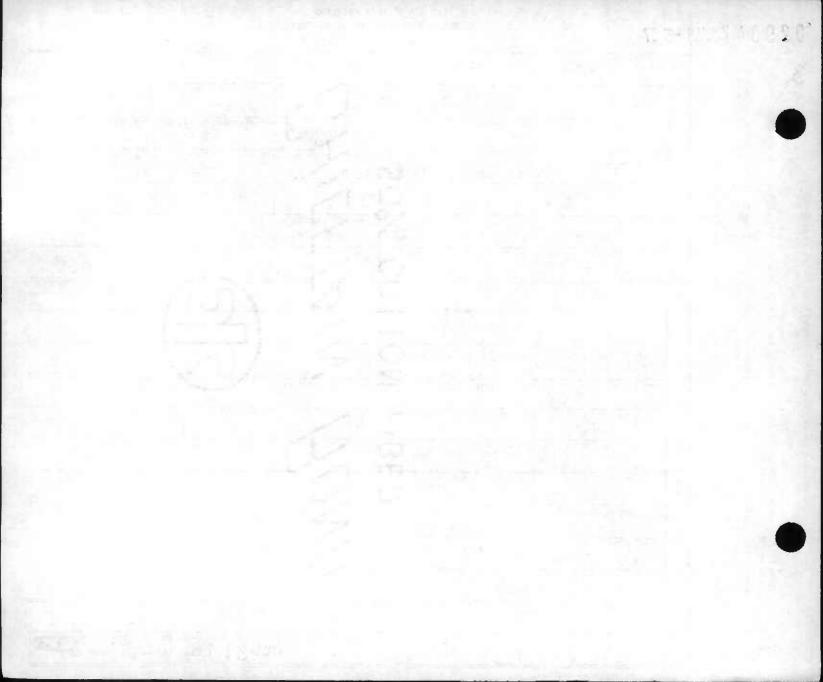
		STATE				CERTIF	ICATE OF DEATH	REG. I	NO.		
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	10 AM
			SI	DNEY		CAVE	Y	Dec. 29, 1	1986		M
	3 SEX	Male		4 RACE white	2	July	DF BIRTH 11, DA 1904 YEAR	6 AGE (IN YEARS LAST 8	YRS	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D XXNEVER MARRIED DIVORCED	9 BALTIMORE CITY Kent Co	OR COUNT	Y OF DEATH	MD.
		TY OR TOWN OF DEA nestertown		Kent Name OF	HOSPITAL, NURSIN H QUEEN ES A IN	G HOME O	or other institution spital	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Laborer	TION OF WORKING E Refrig	126 KIND (INDUSTRY Sation	OF BUSINESS OR
9		AL RESIDENCE (IF NURS	13pKSH		GIVE RESIDENCE BEFORE	own, M	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS Foxley Ma	ZIP COD	RFD # 4 Chester	Box # 71
	14. FA	THER'S NAME Ha:	rry C	avey	LAST		Emma Ca			ŁA	AST .
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	RFD #PD	ESS Box	# 718	A
	no		(11) 23, 31	e war or bares,	155 07 5	8/3	Caroline Cav	ey Chest	ertown	, Md. 2	21620
	CERTIFICATION	Conditions, if any, gove rise to improve to improve couse to improve to the couse to improve the couse the co	, which mediate may the lost	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	ON WAS PERFORMED	VINAL DISEASE OR COI	20b. IF YE		INGS USED
	MEDICAL CERTIF	210. ACCIDENT WAS UNION OR CONTRIBUTING CONTRIBUTING 214 INJURY OCCURI	CAUSE OF DE	HOUR A. R) P. 21e PLACE	.m. month da m.	19	21c HOW INJURY OCCURE	YES NO RED (ENTER NATURE OF IN)	JURY IN ITEM 18	PART I OR PART ?)	NO
		white Not we at work 220.1 certify that (I) sow the decess obove, (I) we) (22b SIGNATURE) 22d PHYSICIAN'S NA	(this hosp ed alive or did)(did no	ital) attended the state of the	ne deceosed from_	5/86	2 , 19 8 0 nd that in (my) (our) opinion of the control opinion of the control opinion opinio	deoth occurred on the	AFF		ESIGNED
		KIN K. URIAL, CREMATION,		236 DATE			216 Hig	L St (23d LOCATION WITMING			towe M)
		Cremation NERAL DIRECTOR	Pail	12/30/			cook Crematory Wells 250 DAT Dwn, Md	WITMING E REC D. BY REGISTRA			Rendale

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29047 JAI	H	OR FATE EGISTRAR			DEPART		EALTH AND MENT		REG. N	10.		1
2 74		CEASED NAME FT	ank		William	C	handene		20. DATE OF DEATH	12-2	3-86	26 HOUR 3:30pm
te 4 may	3. SE	male		4 RACE white	187,	5. DATE O		YE AR	79 yrs	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
And		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOWE	DEVER MARRI	IED -	BALTIMORE CITY (Y OF DEATH	MD.
44/6/7	10. E	ry or town of DE hestertown	ATH L	(IF NOT IN SU	CHEACILITY GIVE STREET	ADDRESS)	pital, In		20. USUAL OCCUPAT		Retired	F BUSINESS OR
1	Man	AL RESIDENCE (IF NUR. STATE VIand	13b, COUI Ken	ROTHER INSTITUTION		E ADMISSION)	13d INSIDE CITY LI	IMITS?	3e STREET ADDRESS RFD Fair		21620	0
1/1/2	14. FA	THER'S NAME Claren	ce	S. Ch.	andene		15. MOTHER'S MAI		er		LAS	7
Popes 1	1 (VAS DECEASED EVER YES, NO OR UNKNOWN) OL KNOWN	IN U.S. AF		16b SOCIAL SECU 212 22 1		17. INFORMANT Minnie Cl	handeı	RFD ADDR ne Cheste		rlee , Md. 2	1620
signed by the attending bar please remove corbo to burial, creatment or a lyuy, or other traumatic	NO	Conditions, if any gave rise to im cause (a), stati underlying cause PART 2 OTHER SIG	, which mediate ng the e last.	(b)_ DUE TO, C	DR AS A CONSEQU PIRE H M DR AS A CONSEQU	enig	NOT RELATED TO T	THE TERMIN	nal disease or com	NDITION G	IVEN IN PART 110	3
has been permit. There per permit. There permit. There prior.	CERTIFICATION	198 DATE OF OPERA	TION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	206 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES YES []	
ECIAN. 11 G physics certificate molitomid Hygin email Hygin	100	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR		OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18	PART OR PART 2)	
otherdic other this is the bus thought	MEDICAL	21d. INJURY OCCUR	RED HILE		OF INJURY TREET, FACTORY, OFFICE,	FARM ETC)	21f LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
TTENDIP phal or TON use of for use of alf Healt 21 is ma		220.1 certify that (I saw the decease abave, (I) (we) (ed alive ar		19		nd that in (my) (aur)		, ta, taath accurred an the a	date and ho		that (I) (we) last causes stated
the host of DREC at DREC intoched the Dept T, if hem		226 SIGNATURE	Sur	4	MD		DEGREE ATTEN PHYS	NDING I	MEDICAL STA	AFF ICIAN []	12/2 DATE	SIGNED 23/86
HOSPIT D FUNER ould be ould be ould be o		22d PHYSICIAN'S N Michae		enfield	M.D.		22e. ADDRESS Chestert	town,	Md. 21620			
2 € ≥ ±) 3 =================================	23a. E	BURIAL, CREMATION,	REMOVAL	12/27	/86		emetery or crem Cemetery	У	23d LOCATION near Wor			STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. F	UNERAL DIRECTOR	uste	olls			Wells vn, Md.	25a. DAJE	EU31 198	R 256 REGTS	STRAR'S SIGNAT	Roder



		FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE S S	
		CASED NAME FIRST PAT	nk NMN	Embert	20 DATE OF DEATH MONTH	9.1986 25. HOUR
8 700	2 KE	1986	4. RACE	S. DATE OF BIRTH	Dec	9,1986 830 p
300		Male	Cauc	Oct. 12, 1896	90 yr	MONTHS DATS HOURS M
35		RTHPLACE (STATE OR FOREIGN USA MD	76 CITIZEN OF WHAT COUNTED	*** *** MARRIED NEVER MARRIED WIDOWED A DIVORCED	9 BALTIMORE CITY <u>or</u> COUN Ken	ITY OF DEATH
90	1	nestertown	(IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING £ armer	12b. KIND OF BUSINESS INDUSTRY farming
	13a S	TATE	OTHER INSTITUTION GIVE RESIDENCE BE NTY 130. CITY OR TO SUGLE	OWN 136 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CO	21668
Sexomine.	4. FA	THER'S NAME FIRST UNKNOWN	MIDDLE LAST	15 MOTHER'S MAIDEN NA/ Cather		Embert "AST
Segue 2		VAS DECEASED EVER IN U.S. AR	WAR OR DATEST	CURITY NO. 17 INFORMANT	ert, Jr. Mill:	
or other troumotic		gave rise to immediate couse (0), stating the	DUE TO, OR AS A CONSE	OFNOTOF O		
and to burio	CATION	PART 2. OTHER SIGNIFICANT (O DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
	RTIFICATION	PART 2. OTHER SIGNIFICANT (196: CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YESNO
	CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT (196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED 211. HOW INJURY OCCURE	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YESNO
Mental Hygene prior to but	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THE PROPERTY OF T	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED 21t. HOW INJURY OCCURS 19 211 LOCATION	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
roo use as me mental me		PART 2. OTHER SIGNIFICANT OF THE PROPERTY OF T	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME STREET FACTORY OFFI	DAY YEAR 19 21t. HOW INJURY OCCURE 19 21t. LOCATION STREET m	200 AUTOPSY? 20b. IF IN CER YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1 LIB PART OR PART 2) COUNTY STATE That (I) (we) hour and from the couses stated
one for use us me the properties of their properties of the plant of t		PART 2. OTHER SIGNIFIC ANT C 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED WHILE NOT WHILE AL WORK AL WORK 220.1 certify that (1) (this haspi saw the deceased of the op- above, (1) (we) (did	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFI	DAY YEAR 19 211 LOCATION STREET m	200 AUTOPSY? YES NO NO CED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN deoth occurred on the date and i	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1018 PART 1 OR PART 2) COUNTY STATE
one for use us me the properties of their properties of the plant of t		PART 2. OTHER SIGNIFICANT OF THE PROPERTY OF T	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFI tal) attended the deceased from the body after death	DAY YEAR 19 211. HOW INJURY OCCURE 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e. ADDRESS UNICORN M	20a AUTOPSY? YES NO NO CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1 LIB PART OR PART 2) COUNTY STATE That (I) (we) hour and from the couses stated
roo use as me mental me	WEDICAL A 230 B	PART 2. OTHER SIGNIFIC ANT C 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED WHILE NOT WHILE AL WORK AL WORK 220.1 certify that (1) (this haspi saw the deceased of the op- above, (1) (we) (did	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFI tal) attended the deceased from the body after death	DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS	20a AUTOPSY? YES NO NO CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN	YES, WERE FINDINGS USED TITE FUNDING CAUSES OF DEATH? YES NO STATE COUNTY STATE COUNTY STATE 122c. DATE SIGNED

02757200 24. S 888 9 130

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

0269

page 3

as by the funeral director. Se filed within 72 hours off

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the buriol-transit permit. Then please remove corton appears with the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If Hem 21 is marked or Item 8 shows any injury, or other traumotic severe the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

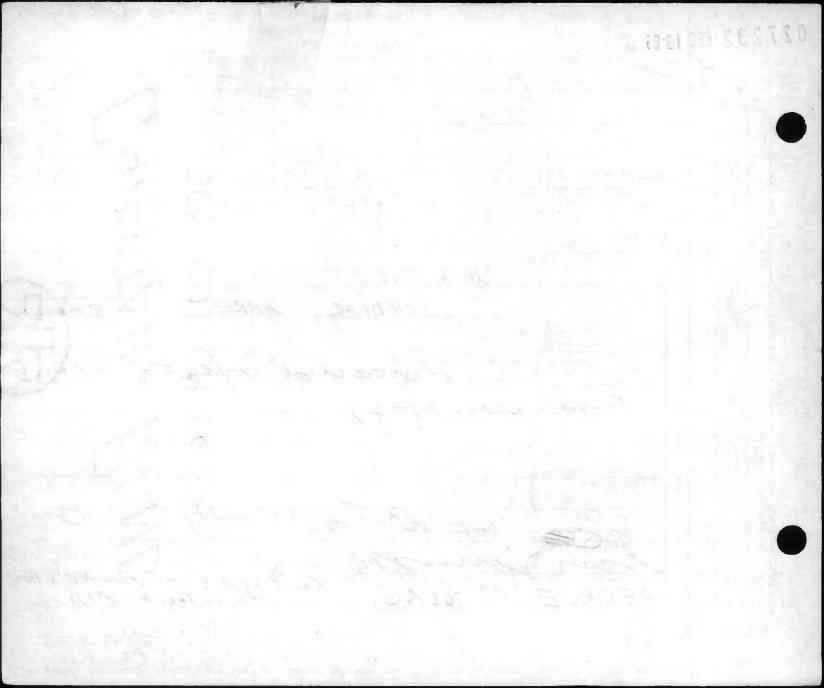
,	1-	FOR STATE REGISTRAR				ALTH AND MENTAL HYG ATE OF DEATH	REG. NO.			
		CEASED NAME FIRST Lewis	William	n Hamilt	on	1	December		1986	3:05 A
ı	3. SEX	(4 RACE	5.	DATE OF		6 AGE (IN YEARS LAST BIRTHD)	kY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
ı		Male	white	М	ar 6	, 1896	90	YRS	MONIHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WI	HAT COUNTRY? 8.		☐ NEVER MARRIED 🛣	BALTIMORE CITY OR C Kent	OUNT	Y OF DEATH	MD.
1		TY OR TOWN OF DEATH Chestertown	LIE NOT IN SUCH E	ACHITY GIVE STREET ADDR	ESS)	other institution nes Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING L	126. KIND O INDUSTRY Fat	F BUSINESS OR
	130. S	AL RESIDENCE (IF NURSING HOME O TATE 134 COU Iaryland Ken	ROTHER INSTITUTION GI	ve residence before adm 3c CITY OR TOWN Galena	1	YES NOXX	13. STREET ADDRESS / ZI RFD Georget	P COD	DE	21635
	14. FA	THER'S NAME Harry Ha	milton	LAST	1	5. MOTHER'S MAIDEN NAM FIRST Harriett	Howell		LAS	ı
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 11	66. SOCIAL SECURITY		7 INFORMANT	ADDRESS	MA	216	3.5
ı	n			212 56 22	64 F	Harry Hamilto	n Galena,	Md		MATE INTERVAL
	TION	Conditions, if any, which gave rise to immediate couse (o), storing the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR A		E OF					
1	CERTIFICATION	19a date of operation	196. CONDITI	ON FOR WHICH OPE	RATION	WAS PERFORMED	206 AUTOPSY? 20 11 12 12 12 13 14 15 15 15 15 15 15 15	V CERT	ES, WERE FINDIN IFYING CAUSES 'ES	OF DEATH?
1	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M.		YEAR 19		ED (ENTER NATURE OF INJURY IN	I ITEM 18	PART I OR PART 2)	
	MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	FINJURY T. FACTORY, OFFICE, FARM,		ZII LOCATION STREET	CITY OR TOWN	3	COUNTY	STATE
		22s.1 certify that (I) (this hasp saw the deceased prive or	n	19	, and	that in (my) (aur) opinion o	, ta death accurred on the date	and ho		that (1) (we) last couses stoted
		22b. SIGNATURE	2		DE	GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	۷ 🗆	22c. DATE / 2	SIGNED /7/96
		22d. PHYST AAN'S NAME (TYPE				22e. ADDRESS				/
		Michael				Milling				
	230. B	URIAL, CREMATION, REMOVA SPECE BUE ial	23b. DATE 12/7/198			wn Cemetery	23d LOCATION CITY OR TOWN Nr. Galena	1	Kent	STATE Marvland
	24 FL	NERAL DIRECTOR	e ell	J _{DRESS} Wil Cheste	lis rtow	Wells 250 DATE	O 1900 guided		TRAR'S SIGNAT	

Go Letting of the Live of

STATE OF MARYLAND

7232 DEC		FASED,NAME	FIRST		MIDDLE		ICATE OF DEATH	2a D	REG. NO		DAY YEAR	2b HOUR
31/2	LIVE			m Georg	e Newr	nam Jr.			December		1986	11:33
20	3. SEX	Male		4 RACE Cauc		5. DATE C	16°1926		E (IN YEARS LAST BIRTH	HDAY)	MONTHS DAYS	IF UNDER 24 H
Poster Poster		THPLACE (STATE OR FO		Th CITIZEN OF		NTRY2 R	NEVER MARRIED	9 RA	LTIMORE CITY OF	YRS R COUNT	Y OF DEATH	
22		umpton N		USA	I OSBITAL N	WIDOWE		D D	Kent SUAL OCCUPATION	DN1	13 KIND C	F BUSINESS
11/07	Cł	restertown		The Ken	t and	Queen An	nes Hospit		or work for most of arpente	WORKING LI	FEL INDUSTRY	truct
24 hour	USUA 130. S	l residence (if Nursi TATE aryland	NG HOLD OR	OTHER INSTITUTION TY	GIVE RESIDENCE	E BEFORE ADMISSION) R TOWN P TON	134 INSIDE CITY LIMI	ITS? 13.5	REET ADDRESS 4	ZIP CODI	Est. 2	1628
und 2 A	4. FA	THER'S NAME	Geô	rge	Newna	åm Sr.	Doro La		WIDDLE		Leag	er
on die control of the		(AS DECEASED EVER (MED FORCES?		1 SECURITY NO.	Dorothy	Newn	ADDRES	ss her	same	
that the death cértificate by the attender and associated as remove continues as is, are remove continues as a content troum.	7	18 CAUSE OF DEATH W PART I. DEATH W Conditions, if any, gave rise to imm couse (a), statim underlying couse	which nediate g the	DUE TO, O	r as a con	CAR ISEQUENCE OF	SIAC	Al.	REST	tis	8	Re
	FICATION	Conditions, if any, gave rise to immr couse (a), stating	which nediate g the last.	DUE TO, O DUE TO, O DUE TO, O ONDITIONS CO	R AS A CON	ISEQUENCE OF	NOT RELATED TO THE	E TERMINAL 1	DISE E OR COND	20b. IF YE IN CERTI	VEN IN PART IN FYING CAUSES	Ros USED OF DEATH?
requires that the death sen signed by the attendents. 1. Then please remove con at a buriol, cremation, any injury, or other traumation.	AL CERTIFICATION	Conditions, if any, gave rise to imm couse 101, stotim underlying couse PART 2. OTHER SIGN Pas 190. DATE OF OPERAT 210. ACCIDENT WAS UNDO OR CONTRIBUTING CO	which nediate g the last. NIFICANT C	DUE TO, O DUE TO, O Co) ONDITIONS CO 19b. COND 21b. TIME CO HOUR A.	R AS A CON- ONTRIBUTION ITION FOR V OF INJURY M. MONTI	ISEQUENCE OF ISEQUENCE OF ISEQUENCE OF WHICH OPERATO H DAY YEAR	NOT RELATED TO THE	E TERMINAL I	DISE E OR COND I AUTOPSY?	20b. IF YE IN CERTI	S, WERE FINDII FYING CAUSES ES []	Ron
HYSICIAN: The low requires that the death daing physicion. is certificate has been signed by the attenual burial-transit permit. Then please remove cut Mental Hygiene prior to burial, cremation, as them 18 staws any injury, or other tradman.	MEDICAL CERTIFICATION	Conditions, if any, gave rise to imm couse (o), stotin underlying couse PART 2. OTHER SIGN PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND	which nediate to last. Which nediate to the last. WIFICANT COLORS WIFICANT COLORS CAUSE OF DEA	DUE TO, O ONDITIONS CO 19b COND 21b TIME C P. 21e PLACE	R AS A CON- ONTRIBUTION OF INJURY M. OF INJURY	ISEQUENCE OF	NOT RELATED TO THE	E TERMINAL I	DISE E OR COND I AUTOPSY?	20b. IF YE IN CERTII YI Y IN ITEM 18	S, WERE FINDII FYING CAUSES ES []	NGS USED OF DEATH?
TENDING PHYSICIAN: The law requires that the death outal or attending physician. TOR: After this certificate has been signed by the attenuation use as the burial-transit permit. Then please remove carried theoth and Mental Hygiene prior to burial, cremation, of Health and Mental Hygiene prior to burial, cremation, 21 is marked at them 18 staws any injury, or other tradman.		Conditions, if any, gave rise to imm couse (a), stoting underlying couse PART 2. OTHER SIGN POLITION OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT OF OPERAT 21d INJURY OCCURR	which nediate g the lost. NIFICANT COLORS CAUSE OF DEA ALL EXAMINER: REED	DUE TO, O ONDITIONS CO 19b. COND 19b. COND 19b. COND 21b. TIME COND HOUR A. P. 21e. PLACE (AT HOME ST	R AS A CON- R AS A CON- ONTRIBUTION ITION FOR V OF INJURY M. MONTI M. OF INJURY REEL, FACTORY, C	ISEQUENCE OF ISEQUENCE OF	NOT RELATED TO THE PERFORMED 21c. HOW INJURY O 21I LOCATION STREET	20 YE DOCCURRED (DISE - E OR COND AUTOPSY? S NO SO INTER NATURE OF INJUR	20b. IF YE IN CERTII YE YE IN ITEM IB	S, WERE FINDING CAUSES ES PART I OR PART 2) COUNTY 19 ur and from the	ROS USED OF DEATH? NO Causes stated
OR ATTENDING PHYSICIAN: The law requires that the death of the haspital or attending physician. DIRECTOR: After this certificate has been signed by the attendance of the other has been signed by the attendance of the death and Mental Hygiene prior to burial, cremation, or Dept. of Health and Mental Hygiene prior to burial, cremation, at them 21 is marked at them 18 spaws any injury, or other tradmit		Conditions, if any, gave rise to imm couse 101, stotim underlying couse PART 2. OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 210 INJURY OCCURR WHILE NOTIFY MEDIC 220 I certify that (1) saw the decease obought (1) w 228. SIGNATORE	which nediate g the last. WIFICANT CLAUSE OF DEA CALEXAMINER RED WITHIN THE STATE OF THE STATE	DUE TO, O DUE TO, O (c) 19b COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME ST	R AS A CON- R AS A CON- ONTRIBUTION ITION FOR V OF INJURY M. MONTI M. OF INJURY REEL, FACTORY, C	ISEQUENCE OF ISEQUENCE OF	PERFORMED 21c. HOW INJURY O 21l. LOCATION STREET 19 and that in fine (aur) op DEGREE PHYSICI	20 YE DOCCURRED (DISE E OR COND AUTOPSY? S NO NITER NATURE OF INJUR CITY OR TOV CITY OR TOV	206. IF YE IN CERTIL YI YIN ITEM 18	S, WERE FINDING CAUSES ES PART OR PART 2) COUNTY 19 U1 and fram the 22c. DATE 1.2/	NGS USED OF DEATH? NO [] STATE that (I) Are) causes statect SIGNED 6/86
A TTENDING PHYSICIAN: The law requires that the death of haspital or attending physician. IRECTOR: After this certificate has been signed by the attention hed for use as the burial-transit permit. Then please remove care for use as the burial-transit permit. Then please remove care of Health and Mental Hygiene prior to burial, cremation, after 11 is marked at tem. 18 spaws any injury, ar other tradmitted.		Conditions, if any, gave rise to imm couse (a), stoting underlying couse PART 2. OTHER SIGN PART 2. OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT WHILE NOTHER NOTHER ALT WORK WHILE NOT WHAT WORK AT WORK 22a I certify the Court saw the decegar	which nediate g the last. WIFICANT CLAUSE OF DEA CALEXAMINER RED WITHIN THE STATE OF THE STATE	DUE TO, O DUE TO, O (c) 19b COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME ST	R AS A CON- R AS A CON- ONTRIBUTION ITION FOR V OF INJURY M. MONTI M. OF INJURY REEL, FACTORY, C	ISEQUENCE OF ISEQUENCE OF	PERFORMED 21c. HOW INJURY O 21l. LOCATION STREET 19 and that in this (our) op DEGREE	20 YE DOCCURRED (DISE E OR COND AUTOPSY? S NO NITER NATURE OF INJUR CITY OR TOV CITY OR TOV	206. IF YE IN CERTIL YI YIN ITEM 18	S, WERE FINDING CAUSES ES PART OR PART 2) COUNTY 19 UI and from the	NGS USED OF DEATH? NO [] STATE that (I) Are) causes statect SIGNED 6/86

dia Dividson Randals



mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DE	PARTMENT OF H CERTIF	EALTH AND		ENE	REG. NO.			
	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF	DEATH MO	NTH DA	AY YEAR	2h HOUR
(179)	E OR PRINT)	ohn	N	MN	Opatta			Dec	ember	31	86	1:03 P
3. SE	Х		4 RACE		5. DATE C			6 AGE INY	EARS LAST BIRTHD		FUNDER I YEAR	
	Male		Whit	ce	Dec.		904	82		YRS	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN	16 CITIZEN OF	WHAT COU	NTRY? 8	D NEVER	MARRIED .	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
	ennsylvanr	nia	U.S.	Α.	WIDOWE		VORCED [Kent	count	У		MD.
	ITY OR TOWN OF DE		(IE NIOT IN SH	CHEACHITY CIV	URSING HOME C E STREET ADDRESS)			TYPE OF WOR	OCCUPATION FOR MOST OF W	ORKING LIFE)	INDUSTRY	
	hestertown				een Anne	's Hos	oitai	Fact	ory Fo	od II	dustr	У
13a.	al residence (if NUR STATE laryland	13b. COU Kei	NTY	13t. CITY O Rock	RTOWN	13d. INSIDE C	NO 🗌	Rt.	ADDRESS / Z	IP CODE	1661	2.1
14. F/	ATHER'S NAME FIRST Unknown		WIDDLE	LA	.\$1		S MAIDEN NAM FIRST INKNOWN	ΛE	MIDDLE		LA	AST
	WAS DECEASED EVER		MED FORCES?	16b. SOCIA	L SECURITY NO.	17 INFORMA	INT		ADDRESS	P	VID 21	661
	No	(IF YES, GI	VE WAR OR DATES]	213-0	03-1316	Billy	DeFord	. Sout	h Main	Str		lock Hall
	18 CAUSE OF DEAT	H (Enter a	nly one cause pe	line for (a),	(b), and (c).)	1						XIMATE INTERVAL NONSET AND DEATH
	PARTI. DEATH V	IMMEDIA	TE CAUSE (a)	an	ur y	70	mes	eus			6	mo
			DUE TO, C	R AS A CON	ISEQUENCE OF	,						
	Conditions, if any		(ıb)_									
	cause (o), statii underlying cause	ng the	DUE TO, C	R AS A CON	ISEQUENCE OF							
NO	PART 2 OTHER SIG	NIFICANT	CONDITIONS <u>C</u>	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEAS	e or condit	ion give	n in part 1	ra .
CERTIFICATION	190 DATE OF PPERA		Duon	end	WHICH OPERATION	WAS PERFO	& Conce	200 AUTO	PSY?	Ob. IF YES, N CERTIFY YES		INGS USED S OF DEATH? NO []
	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONT	H DAY YEAR	21c. HOW IN	IJURY OCCURR	ED (ENTERNA	TURE OF INJURY H	NITEM 18 PA	RT OR PART 2)	
MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		21f LOCATION	NC		CITY OR TOWN		COUNTY	STATE
2	WHILE NOT W	HILE	(AT HOME SE	REET, FACTORY,	OFFICE, FARM, ETC.)	SIREE					000.411	31416
	27s.1 certify that (I) saw the decease phone, (I) (we) I	ed alive or	JAG	ofter death.	from 1986 on	nd that in (my)	(aur) apinion d	, to	d an the date	and haur	and from the	, that (I) (we) last e causes stated
3	17h EIGNATURE	Rh	PSI	Zam	no mn		ATTENDINO PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	νП	22c. DATI	ESIGNED
	276 HYSCIAN'S N	AME (type	DIE PERHATI			22e ADDRES						1
	BURIAL, CREMATION,	, REMOVA			23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCA	ATION OR TOWN		COUNTY	STATE
	Burial		01-02-	-87	Wesley (Chapel		y Re	ock Hal		Kent	MD
24 F	UNERAL DIRECTOR				DRESS 216	561	25a. DATE	REC'D. BY R	EGISTRARIS		- MI - P	EURE
To	om Helfenb	ein F	uneral I	Home,	Rock Hall	L, MD	TAN 09	1986	Julia	() cordu	W.C.W	-

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. A should be detached to use with the Stote Dispt. of Henr IMPORTANT. If them 21 is in

Dunk for son Content leastly veine (V-10-12 - 20-2)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1118 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 2 TO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and have and Iram the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CHESTER CEMETERY CHESTERTOWN CHESTERTOWN MD. DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

6:17

IF UNDER 24 HRS.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1986

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duly 1, 1909 80 A.P. S. L. S

Gerree Washington Barter dr. Nottle Passwater Carter

217.63 - We lyelyn C. Williams Ungtertown, Md

BURGAL 12/7/HG CHESTER CEMITERS CHASTERTOWN YERT MIN

Ham Helder of Contrava He and But the title for the

TENDING PRESIDIAN. The low requires that

TO HOSPITAL OR ATTENDING PRYSICIAN. The retained by the hospital or otherding physician

FOR

STATE OF MARYLAND

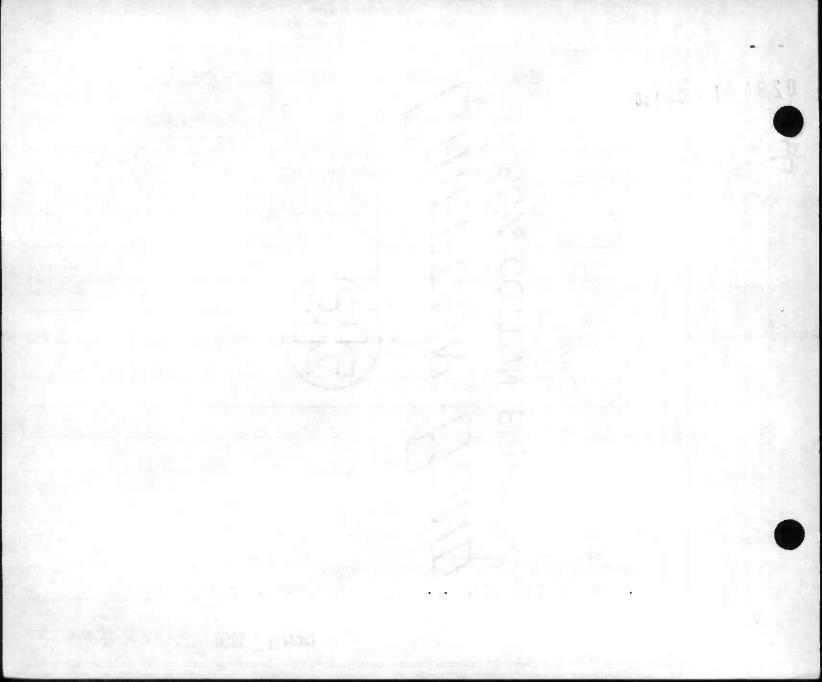
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CEI	RTIFICATE	OF DEATH	

B

	-				FICATE OF DEATH	REG. NO			
		OR PRINT)	MIDDLE		Dece			1986	7.40 A
	1 000		arles Ko	ennard	Ross	December 6 AGE (IN YEARS LAST BIRT			7;40 %
DA	CS	M&Se	White	MON		78	YRS	IF UNDER I YEAR	HOURS MIN.
3	-	RTHPLACE ISTAIL OR FORFIGH COUNTRY Mary Land	76 CITIZEN OF WHAT COU	MARRI WIDOW	ED X NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY <u>o</u> Kent cou	_	OF DEATH	MD
7	10 CI	Chestertown	(IF NOT IN SUCH FACILITY, GIV	OURSING HOME E STREET ADDRESS) Queen An	or other institution ne's Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired)		E) INDUSTRY	F BUSINESS OR
	Ma	AL RESIDENCE (IF NURSING HOME C TATE Tyland 13h, COU Ken	NTY 131 CITY O	e before admission R Town ertown	13d. INSIDE CITY LIMITS?	Richard Di	ZIP CODE	2.	1620
0	14 FA	THER'S NAME Charlie	Ross	ST	15 MOTHER'S MAIDEN NAME OF THE PROPERTY OF THE	eedman		LAS	
1	no no	VAS DECEASED EVER IN U.S. AI	DIE WAR OR DATES	6 1190	17 INFORMANT	206°F	Richar	d Drive	2
/ 1					Deatlice L.	Ross Ches	sterto	wn, Md.	21620
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (o), ED BY:	(b), and (c)	1			BETWEEN	MATE INTERVAL DISET AND DEATH
		MMEDIA	DUE TO, OR AS A CON	ISEQUENCE OF	-				
		Conditions, if ony, which	(b) end	Street	cardiac di	easer			
	ŀ	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CON	2	TE-1				
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON!	DITION GIVI	EN IN PART I	
7	CATI		196 CONDITION FOR	WHICH OPERATION	DALLWAS DEDECORATED	20a AUTOPSY?	Tank IE VEC	WEDE EINIDIN	
7	H	190 DATE OF OPERATION	THE CONDITION TORY		ON WAS PERFORMED	YES NO	IN CERTIF	YING CAUSES	OF DEATH?
9	CAL CERTIFICAT	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	YES NO	IN CERTIF	YING CAUSES	OF DEATH?
9	MEDICAL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONT	19	21c. HOW INJURY OCCUR	YES NO	IN CERTIF YES	YING CAUSES	OF DEATH?
79	277	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp sow the deceased alive of	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE FARM, ETC.)	216. HOW INJURY OCCUR!	YES NO CED (ENTER NATURE OF INJUR	IN CERTIF' YES Y IN ITEM 18 PA	YING CAUSES S ART I OR PART 2) COUNTY	OF DEATH? NO STATE
9	277	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK Sow the deceosed olive of obove, (I) (we) (did) (did not be seen as a se	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (ATHOME STREET, FACTORY, oitol) ottended the deceosed	OFFICE FARM, ETC.)	216. HOW INJURY OCCURI	YES NO CED (ENTER NATURE OF INJUR	IN CERTIF' YES	YING CAUSES S COUNTY COUNTY r ond from the	STATE that (I) (we) lost
799	277	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a. Certify that (I) (this hosp sow the deceased olive or obove, (I) (we) (did) (did not 22b SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, 21view the body ofter death.	19 OFFICE FARM, ETC) from, c	216. HOW INJURY OCCURE 216 LOCATION STREET 217 LOCATION STREET , 19 Ded that in (my) (our) opinion of the physician of the	YES NO CITY OR TON CITY OR TON TO COMPANY MEDICAL STAF DIRECTOR PHYSIC	IN CERTIF' YES YIN ITEM 18 PA	YING CAUSES S COUNTY COUNTY r ond from the	STATE that (I) (we) lost couses stated SIGNED
79	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a. Certify that (I) (this hosp sow the deceased olive or obove, (I) (we) (did) (did not 22b SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OR PRINT) Bienenfeld, M.	office farm. ETC) from	216. HOW INJURY OCCURE 216 LOCATION STREET 217 LOCATION STREET , 19 Ded that in (my) (our) opinion of the physician of the	YES NO CITY OR TO COMPANY OF THE DICAL STAF	IN CERTIF' YES YIN ITEM 18 PA	YING CAUSES ART I OR PART 2) COUNTY 19 27c DATE 12/1	STATE that (I) (we) lost couses stated SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5165STATE REGISTRAR CERTIFICATE OF DEATH DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS Hannah Dora Shea 2,1986 December 4. RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Nov 9, 1894 Female white 7a. BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA **Maryland WIDOWEDEX Kent County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). (TYPE OF WORK FOR MOST OF WORKING LIFE) Civil Service Chestertown Kent and queen Anne's Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Kent School Road Chestertown Maryland 21620 YES T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Baumann August Doretha Drever 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) School Road 21620 LIF YES, GIVE WAR OR DATES) Patricia Shea 216 46 0045 Chestertown, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. nice DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying cause last. OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Stran 20h IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTHY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM ETC) STREET STATE AT WORK AT WORK 22a I certify that (1) (this haspital) attended the deceased fram. .19_\$6___, and that in (my) (aur) opinion death occurred on the date and haur and from the couses stated sow the deceased alive an_ obove, (1) (we) (did) (did nat) view the bady after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN TDIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS rester form, ned 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Brentwood, Md. p. G. Co. Burial Fort Lincoln Cem. 12/4/86 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Chestertown, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

027063 DEC	5- FOR REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	5 0 0 7
T 4 5 W	Delbe	rt Lewis	Sheats	December 3	25 HOUR 4:17 pm
or a star of	Male	White	5. DATE OF BIRTH Dec. 1, 1933	6. AGE (IN YEARS LAST BIRTHDAY) 53 YRS	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
St. House of the	IN HIGH LACE (STATE OR FOREIGN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Kent	Y OF DEATH MD.
To the state of th	Chestertown	Kent & Queen A		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Carpenter	12b KIND OF BUSINESS OR INDUSTRY
THE PERSON	130. STATE 1. Ne	or other institution, give residence before UNITY Castle Newar	YES NO X	13. STREET ADDRESS / ZIP CODE 226 Elderfie	ld Rd. 19713
MARTI		Sheats		na Harvey	LAST
TIMORE, be seed of the open	160 WAS DECEASED EVER IN U.S. (YES, MYORUNKNOWN) (IF YER	armed forces? 166 social sector of the social secto		ADDES E Sheats Newarl	
I W. PRESTON ST., 8AL that the death certificate by the offending physic case remove carbon pape of, cremotion, or removal or other froumatic event.		only one cause per line for (a), (b), as SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ENCE OF	ded I for	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TAL RECORDS, 20 The low requires ricon. The hos been signed ssit permit. Then plint greene prior to blint fifthey ony require to the plint of the plint greene prior to blint fifthey ony require to the plint grows ony require to the plint of the plint grows ony require to the plint grows on the plint grows	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TER	100 AUTOSYT 206. IF YE	S, WERE FINDING SUSED FYING CAUSES OF DEATH? ES NO
DIVISION OF VI O OPPUSICIAN of other the certifical on the bursal transition from the and Mentol from	OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	AY YEAR 19 TH LOCATION	RRED ((sains hatum or haus) on item is	COUNTY STATE
PITAL OR ATTEND by the hospital or ERAL DIRECTOR		pital) oftended the deceased fram an 19 not) view the bady after death.	, and that in the (aur) apinion DEGILEE TTENDING PHYSICIAN 121 MESS	n death accurred an the date and had	19, that if we) lost or and from the causes stated 22c. DATE SIGNED 12/3/8/6
AND TO HOS STANDARD TO HOS STANDARD TO FOUND TO	330. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	12-9-86 B	CHEST NAME OF CEMETERY OR CREMATORY ethel Cem.	Ches. City	Cecil Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR OUTCIL	Tune nome	North East, Mod	DEC 184 REGISTRAR 256. REGIST	rans signature

(VRA 15, 4)

page 3 er death

filed in the

din ding physician and c arbanpapers. Pages

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE		~				
CERTIFICATE OF DEATH	REG. NO.						
LAST	2a DATE OF DEATH	MONTH	DAY				

P STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	D.		
1. DECEASED NAME	FIRST	MIDDLE	i	LAST	2ª DATE OF DEATH MONTH			26 HOUR
(TIPE OK PRINT)	MELVIN WILI	JAM WARRE	EN		Dec. 27, 19	186		12:20
3 SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 H
Male	Blac	26 1898 YEAR	88	NTHS DATS	HOURS M			
To. BIRTHPLACE (STATE OF COUNTRY) Kent Co. Ma	or FOREIGN 75. CITIZEN (OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O Kent (_	FDEATH	
10. CITY OR TOWN OF D Rock Hall		OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET 10 RFD # I		DR OTHER INSTITUTION 223	12a USUAL OCCUPATI LTYPE OF WORK FOR MOST O General Lak	ON F WORKING LIFE) I OOTET	12b. KIND C INDUSTRY	OF BUSINESS
Maryland	136 COUNTY Kent	Rock Hal		13d. INSIDE CITY LIMITS? YES NO XX	RD # I Box	ZIP CODE 223	216	61
14 FATHER'S NAMEDAY	vid ka Warren	LAST		15 MOTHER'S MAIDEN NA.	rence Pierce		LAS	ST
(YES NO OR UNKNOWN)	ER IN U.S. ARMED FORCES			Florence Warn	ren RFD #		Roci 3 Ma	k Hall ryland
18 CAUSE OF DEA	ATH (Enter only one cause WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line far (a); (b), and	Ani	FAILURE			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEA
Canditions, if ar gave rise to in cause (a), sto underlying cou	mmediate (DUE TO	OR AS A CONSEOUE	ASI	H D				
	GNIFICANT CONDITIONS	CONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 1	a
19g. DATE OF OPER	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATIO				200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED OF DEATH?
OR CONTRIBUTED OF	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	Y IN ITEM 18 PART	OR PART 2)	
(IF EITHER NOTIFY MI 21d INJURY OCCU WHILE NOT NOT NOT WORK AT WORK		CE OF INJURY STREET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
sow the dece abave, (I) (we	(I) (this haspital) attended ased alive on (did) (did nat) view the ba			nd that in (my) (aur) opinion				that (I) (we) causes stated
H SIGNATURE	of Kan	fre "	in		MEDICAL STA		12/c. DATE	27/86
	NAME (TYPE OR PRINT) Lvin Kaufman	ı		Rock Hall, Mo	d. 21661			
230. BURIAL, CREMATION	N, REMOVAL 236. DATE			EMETERY OR CREMATORY Wn Cemetery	Rock Hall	Md. 2	1661	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been significantly be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to be

IMPORTANT: If Item 21 is marked at Illent

23 FUNERAL DIRECTOR NAME Q. Perkins

James A. Perkins Rock Hall, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEC 3.0 1986 DEC 3 0 1986

-/0 24218 NOV	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME	FIRST	1	MIDDLE	ı	AST	ta. Dilic of Deritin	DAY YEAR	26 HOUR
be on be death	,,,,,		M	IARGARE I	0.		WHITTUM	Nov. 15, 1986		M
	3. SE)			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
ge 4 ge 4 irs of		Female		white		June	14, 1904	82 YRS.		
neral dir.		RTHPLACE (STATE OR FOR COUNTRY) nville, Va.	EIGN	USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY Kent County	OF DEATH	MD.
offer d	10. CI	TY OR TOWN OF DEATH nestertown	1	At Home	HOSPITAL, NURSII CH FACIUM GAE STREET 210 RI	og HOME (Drive	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Housewife		OF BUSINESS OR
ND 2120	13a S	AL RESIDENCE (IF NURSING	HOME OR I	OTHER INSTITUTION	GIVE RESIDENCE BEFOR Chestert	e admission) /N OWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 210 Richard D		1620
MARYLA	14. FA	THER'S NAME PIRST Daniel	A. Ć	vidole Overbey	EAST		15. MOTHER'S MAIDEN NA Mary Cabell	Echols	LA	12.
MORE, nond care Pages 1	(1	VAS DECEASED EVER IN (ES. NO OR UNKNOWN)		ARMED FORCES? 166 SOCIAL SECURITY NO. 185 36 5734			17 INFORMANT C. Harold Wh	nway Md.21	218 XIMATE INTERVAL	
DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARTIAND ST. OF PHYSICIAN. The low requires that the death certificate be executed. When this certificate has been signed by the attending physician and continument in by as the burial-transfer permit. Then please remove carbon papers. Pages 1 than the and Mental Hygiene prior to burial, cremation, or removal. The and Mental Hygiene prior to burial, cremation, or removal. Orked or them 18 shows any injury, or other traumotic event, the medical experience that the medical experience of the property of the property of the permit of the per	CERTIFICATION	Conditions, if any, a gave rise to imme cause (o), stating underlying cause PART 2 OTHER SIGNII	diate the last.	DUE TO, O	_	DEATH BUT	own -	IN CERTII	VEN IN PART I	INGS USED S OF DEATH?
ON OF VITAL RE ON OF VITAL RE HYSICIAN: The lo ding physician. is certificate has burial-tronsit pere Mental Hygiene is ordem 18 shows	1	210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL	USE OF DEA	TH HOUR A	DF INJURY .m. month c	AY YEAR		YES NO YE	PART I OR PART 2)	NO 🗍
DIVISION DING PHYS or ottendin After this c e as the bur of the bur of the bur of the bur of the bur morked or 4	MEDICAL	21d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK		(AT HOME ST	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE that (1) Dwe) last
OR ATTEND or hospital or DIRECTOR: A sched for use Dept: of Hea		22a certify that (1) saw the deceased above (1) (ve) (dic				86,0	nd that in (aur) apinian	death accurred an the date and had	ur and fram the	e causes stated E SIGNED
IITAL br. th br. th br. th br. th	1	Mager 22d. PHYSICIANS NAA	ME (TYPE O	U Col	he m	is	22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11/	15/86
HOSP Bring Bring Hospital Hosp		Virgin	ia	U. Col1	ier		Chestertown	n, Md.		
р Р4 Т ₹ − −	23a	BURIAL, CREMATION, RI Burial		23b. DATE 11/20	/86 Sa	int P	emetery or crematory aul's Cemeter			
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 F	UNERAL DIRECTOR	0.5	(1)00			Wells NO	TE REC'D. BY REGISTRAR 256 REGIS	Deviden.	TURE

